Form Approved. OMB No. 2050-0028. Expires 9-30-88 GSA No. 0246-EPA-0

United States Environmental Protection Agency Washington, DC 20460

SEPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

			and Recovery A	ct).	
For Official Use Only				(1) (4) 新工业(1)	
a	omments				
C _					
Installation's EPA ID Number	Approved	Date Recei	ived day)	53	
C + AD981498587T/A	C .	8 60 4		OK	
I. Name of Installation	4		2		
nature's \$ Care Ce	nte	R			
II. Installation Mailing Address					
C 1 3 1 3 SW OND NON	t or P.O. Box				
City or Town	VICIGI		State	ZIP Code	
C ANKENY			ta S	0021	
III. Location of Installation				7 36 Val. 19	
Street or	Route Number				
5 13 13 5W OKDnar	rce				
City or Town	TI		State	ZIP Code	
IV. Installation Contact			Mab	0091	
Name and Title (last, first, and job title)			N		
C	TIT	Pno	ne Number (area c	ode and number)	
2 Keith Wilson V. Ownership		51	5 96 4	06(1)	
	STATE BY STATE AND STATE				
A. Name of Installation's Legal Own	ORP	48 6	B. Type of Own	nership (enter code)	
VI. Type of Regulated Waste Activity (Mark 'X' in the a	opropriate box	xes. Refer to ins	tructions.)		
A. Hazardous Waste Activity			il Fuel Activities		
☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter	6. ~4.5	6. 6. Specification Used Oil Fuerista boxes below)			
3. Treater/Storer/Disposer	day) O] 		
☐ 5. Market or Burn Hazardous Waste Fuel		R00343			
(enter 'X' and mark appropriate boxes below)	RCI	RA RECORDS	CENTED CENTED		
☐ a. Generator Marketing to Burner☐ b. Other Marketer		IfSt Clanne	ODNIER	(lurner)	
C. Burner					
VII. Waste Fuel Burning: Type of Combustion Device (en	ter 'X' in all appr	opriete boxes to indi	cate type of combu	stion device(s) in	
which hazardous waste fuel or off-specification used oil fuel is burned. A. Utility Boiler B. Industr			ombustion devices. Industrial Furnace	,	
/III. Mode of Transportation (transporters only — enter	'X' in the app	ropriate box(es			
	ther (specify)				
X. First or Subsequent Notification					
Mark 'X' in the appropriate box to indicate whether this is your install otification. If this is not your first notification, enter your installation's	llation's first not EPA ID Number i	ification of hazardo in the space provide	us waste activity	or a subsequent	
			tallation's EPA ID I	Number	
A. First Notification B. Subsequent Notification (complete its	om C)		KCRA File	Сору	

		ID — For Official Use Only					
			C W		T/A		
Description of H	azardous Wastes (c	ontinued from front		The state of the state of			
Hazardous Wastes fro	om Nonspecific Sources		nber from 40 CFR Part	261.31 for each listed haz			
1	2	3	4	5	6		
7	8	9	10	11	12		
Hazardous Wastes fro specific sources your	m Specific Sources. En installation handles. Use	ter the four-digit number additional sheets if nece	from 40 CFR Part 261.	32 for each listed hazardo	ous waste from		
13	14	15	16	- 17	18		
19	20	21	22	23	24		
25	26	27	28	29	30		
			1968				
31	32	33	34	35	36		
37	38	39	40	41	42		
43	44	45	48	47	48		
	44	45	48	47	48		
43	tes. Enter the four-digit r		261.34 for each hazar	dous waste from hospital			
43	tes. Enter the four-digit r	number from 40 CFR Pari	261.34 for each hazar	dous waste from hospital			

RECEIVED

APR 2 1 1986

USEPA, RCRA Branch